



Scottish Race Equality Forum

Report of BMA Scotland's race
equality in medicine survey

Foreword

Racism and inequality are deeply entrenched issues in our society that have a harmful impact in our workplaces and the broader social landscape. The NHS in Scotland is no different in this respect, which results in harmful repercussions for ethnic minority doctors, as well as the overall standard of patient care.

Recently, the BMA's Scottish Race Equality Forum (SREF) undertook a follow-up survey on racism in the NHS, following a similar survey we conducted some four years ago. The results reveal ongoing and alarming levels of inequality across a variety of professional settings. Our survey follows trends of recent years, showing an increasing volume of evidence which underscores and highlights these inequities. There is clearly now an urgent need for effective and actionable solutions. This survey provides a crucial opportunity for stakeholders, such as the Scottish Government and NHS boards, to address the issue with renewed vigour and instigate practical reforms to tackle the discrimination that remains too prevalent in our NHS.

As the chair of SREF, myself and the committee have made it our aim to shed light on the considerable obstacles faced by ethnic minority doctors practicing in Scotland, which I have articulated through several blog posts on the BMA Scotland platform. Despite the increasing recognition of these pressing issues, there remains a troubling absence of concrete action from the relevant authorities.

Addressing these systemic challenges is essential for cultivating a more equitable work environment that not only prioritises the wellbeing and professional growth of all ethnic minority doctors but also ensures that we can provide high-quality patient care. This a clear win-win situation, and frankly requires a refreshed and comprehensive plan to achieve it. A workforce that feels supported and respected is likely to experience enhanced job satisfaction and improved morale. Ultimately, this translates into better patient outcomes and a more resilient healthcare system, something that is crucial given the many challenges we face to meet demand for care.

The moment for decisive action is now. I call for a prompt and comprehensive response to these urgent concerns, or the wellbeing of both our healthcare professionals and the patients will remain at risk.

Sajid Farid

Chair, Scottish Race Equality Forum

Introduction

In 2021, BMA Scotland launched the Scottish Race Equality Forum (SREF) to tackle racial inequality within Scotland's medical community. This forum marked a significant step forward in addressing systemic inequities and championing a more inclusive medical workforce. Over the past three years, SREF has striven to become a driving force for collaboration, advocacy, and action across the sector.

The Forum's mission is rooted in three key objectives:

- **Collaboration:** working with employers, medical schools, the Scottish Government, GMC, and other stakeholders to raise awareness of and address racial inequalities.
- **Listening:** Providing a safe space for doctors and medical students to share experiences and engage in open dialogue about racial equality.
- **Empowerment:** Equipping members with resources and support to build practical solutions to systemic issues.

At the end of 2024, SREF conducted a follow-up survey to its inaugural 2021 survey to gain deeper insights into the lived experiences of doctors across Scotland, irrespective of race or ethnicity. This survey assessed progress made and identified persisting challenges, guiding our efforts as we continue to push for meaningful change.

The survey responses offered more than data – they provided a catalyst for change. These findings have shaped SREF's priorities, strengthened our advocacy, and inspired tailored initiatives to support a diverse and dynamic medical workforce. This report presents the key findings, highlights shifts over the past three years, and outlines actionable steps for SREF to build on this vital work.

Why this is important to healthcare

The consequences of racism in the NHS in Scotland are profound and multifaceted, affecting not only individual doctors but also the wider healthcare system and, ultimately, patient outcomes.

Impact on Individual Doctors Ethnic minority doctors who face racism often experience significant psychological and emotional strain, leading to:

- **Burnout:** Racism contributes to elevated stress levels, emotional exhaustion, and feelings of being undervalued, making it harder for doctors to sustain long and demanding careers in healthcare.
- **Mental Health Challenges:** Encounters with racism – whether overt or through subtle microaggressions – can cause anxiety, depression, and reduced self-esteem.¹
- **Decreased Job Satisfaction:** Experiencing or witnessing racism erodes morale and professional fulfilment, often leaving ethnic minority doctors feeling excluded or alienated in their workplaces.²

1 BMA. (2022). [Racism in Medicine Survey Report](#). The BMA's survey shows a direct correlation between experiences of racism and mental health deterioration, including stress and reduced resilience.

2 Kapadia, D., Brooks, C., & Nazroo, J. (2022). [Ethnic Inequalities in Healthcare: A Rapid Evidence Review](#). The NHS Race and Health Observatory. This review identifies that racism significantly impacts job satisfaction and contributes to a sense of alienation among ethnic minority doctors.

Workplace Inequalities Racism in the NHS exacerbates structural inequities in career progression, training opportunities, and day-to-day workplace dynamics. Many ethnic minority doctors report that they are overlooked for promotions, excluded from decision-making, or subjected to different standards of scrutiny compared to their white colleagues. This hinders career development and leads to a systemic loss of talent within the NHS.³

Recruitment and Retention Challenges Racism in the NHS undermines efforts to recruit and retain a diverse medical workforce. Doctors who experience discrimination or feel unsupported are more likely to leave their roles or the profession altogether. This compounds existing workforce shortages, placing additional pressure on those who remain.⁴

Teamwork and Collaboration Effective healthcare delivery relies on collaboration, respect, and trust among team members. When racism permeates the workplace, it undermines these dynamics, weakening team cohesion and impairing the ability to provide patient-centred care. Ethnic minority doctors may hesitate to voice concerns or share innovative ideas due to fears of discrimination, further stifling collective progress.

Patient Care and Outcomes Racism not only harms staff but also jeopardises the quality-of-care patients receive. A demoralised workforce is less engaged, less productive, and more prone to errors. Moreover, when diverse voices are stifled or sidelined, the healthcare system risks ignoring the unique needs of Scotland's diverse population, perpetuating health inequities.

Institutional reputation and trust the persistence of racism within the NHS damages public trust in an institution that is meant to uphold fairness, equality, and excellence in care. Ethnic minority doctors' negative experiences reflect broader systemic issues, and addressing these issues is critical for maintaining the NHS's reputation as an inclusive employer and care provider.

3 GMC. (2019). [Fair to Refer?](#) The GMC report identifies disparities in how doctors from ethnic minority backgrounds are referred for professional misconduct issues, trained, and promoted.

4 BMA. (2022). *Workforce Pressures in the NHS*. This highlights how discrimination contributes to poor retention rates of ethnic minority doctors and how this impacts healthcare delivery.

Demographics

The 2024 Scottish Race Equality Forum survey saw a significant rise in engagement, reflecting growing interest and awareness of racial equality within Scotland's medical community. Direct mailings to members and non-members received 715 responses. This was a 33% increase from the 535 responses collected in 2021. Notably, participation by ethnic minorities increased by 39%, while responses from white participants also rose by 30%. A small proportion of respondents opted not to disclose their ethnicity, increasing slightly from 2% in 2021 to 3% in 2024.

Responses came from health boards across Scotland, with balanced representation ensuring insights reflect a nationwide perspective. In terms of gender, respondents were almost evenly split between men and women.

In terms of ethnicity, 278 respondents identified as non-white, with Asians making up the largest group at 27%. Other ethnic groups included mixed (4%), African (3%), and other backgrounds (4%). Twenty respondents preferred not to disclose their ethnicity.

The survey also highlighted the age distribution of respondents. The majority fell into three key age brackets: 35–44 years (19%), 45–54 years (31%), and 55–64 years (24%). This range provided diverse generational viewpoints on racial equality within the medical workforce but may indicate that response levels amongst the Resident doctor cohort are significantly lower.

A significant proportion of respondents, 34%, were non-UK graduates, offering valuable insights from internationally trained doctors. Among these, 9% completed their medical qualifications in India, 9% in other non-European countries, 6% in Pakistan, and 6% in other European nations.

This strong and diverse response lays a robust foundation for the findings and recommendations within this report, helping us to better understand the landscape of racial equality in Scotland's healthcare sector.

First-Time Job Application Success: A Growing Disparity

The 2024 survey reveals trends in the success rates of first-time job applications among doctors, shining a spotlight on potentially widening disparities that require further action.

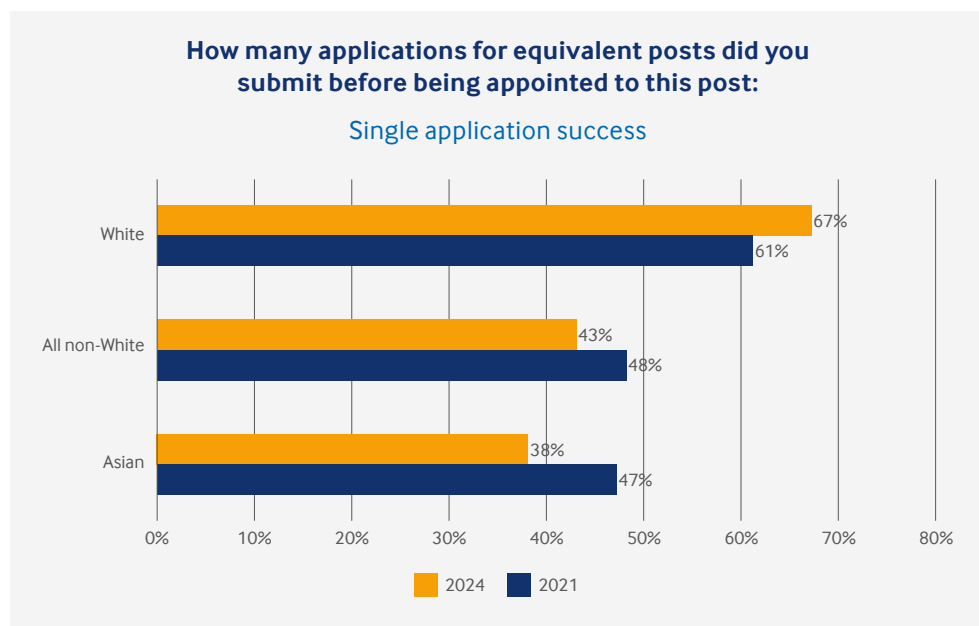
For non-white doctors overall, the likelihood of being appointed after a single application has dropped from 48% in 2021 to 43% in 2024, a 5% decline. Asian doctors have been particularly affected, with success rates going down by 9%, from 47% in 2021 to 38% in 2024.

Meanwhile, the picture for white doctors tells a contrasting story. Their first-time application success rates have risen from 61% in 2021 to 67% in 2024, an improvement of 6%. This means white doctors are now significantly more likely than their non-white colleagues to secure a position after their first application.

The survey also shows notable differences in the number of applications made by doctors before being appointed. While 29% of white doctors reported making 1–5 applications, this figure was markedly higher at 39% for Asian doctors, further highlighting disparities in the recruitment process.

These findings reveal an increasingly uneven playing field, with non-white doctors, particularly Asian doctors, facing greater challenges and needing to make more applications to secure roles. Such disparities perpetuate inequities and can contribute to frustration, career stagnation, and attrition from the medical profession among underrepresented groups.

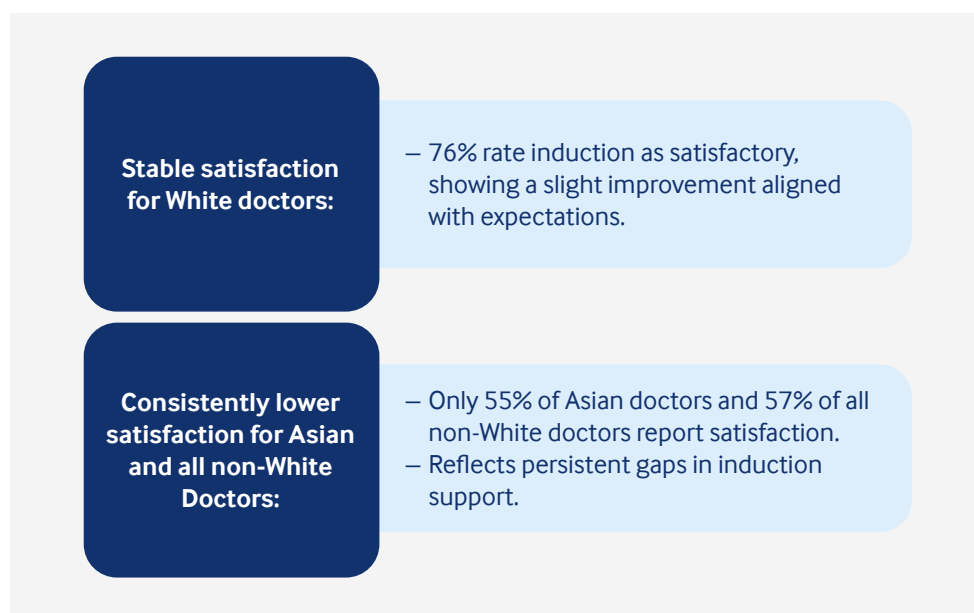
Addressing these disparities is critical to ensuring that all doctors have equal opportunities to succeed, regardless of their racial or ethnic background. Without swift and concerted action, these growing gaps risk undermining Scotland's commitment to a fair and equitable healthcare system.



Induction Experiences: A Persistent Gap

Induction experiences continue to highlight significant disparities between ethnic minority and white doctors. In 2024, 43% of ethnic minority respondents rated their induction as inadequate or poor. This was nearly double the percentage of white respondents, which stood at 24%.

This stark difference reflects an ongoing challenge in creating equitable onboarding experiences. Despite some efforts since 2021, improvements have been minimal, leaving ethnic minority doctors feeling less supported as they transition into their roles.



A poor induction not only affects a doctor's confidence and ability to integrate but also impacts their long-term engagement and job satisfaction. These findings underscore the need for tailored and inclusive induction programs that meet the diverse needs of Scotland's medical workforce.

An equitable start sets the tone for a supportive and productive work environment. Addressing these disparities in induction experiences is essential for retaining talent and building a more inclusive medical community in Scotland.

Racism in the Workplace

The survey shows that racism remains a harsh reality for many non-white doctors in Scotland. 64% report they have either experienced (41%) or witnessed (23%) incidents of racism. However, only 11% of those affected took the step to formally raise a complaint. This is a 6% decrease on the findings from the 2021 survey.

Among Asian doctors, the figures are particularly striking: 44% reported experiencing racism, and 24% witnessed it. In contrast, the majority of white doctors (67%) stated they have never encountered or witnessed racism, compared to just 36% of all non-white doctors and 33% of Asian doctors.

Unfortunately, there is a slight increase to the experience of racism in the workplace since the 2021 survey, when 62% of all non-white doctors reported they had either experienced (40%) or witnessed (22%) incidents of racism.

Complaints related to employment issues also reveal a worrying trend. While 26% of ethnic minority respondents have raised a grievance at work, only 11% of these were about race-related issues. 10% of white respondents raised a grievance at work, 1% of which were about race-related issues. This suggests many racist incidents go unaddressed, perpetuating a workplace culture where racism remains underreported and unchallenged.

The BMA's 2022 report, *Delivering Racial Equality in Medicine*, provided a high-level overview of the barriers to equality faced by its members and highlighted similar findings.⁵ It showed that over 90% of Black and Asian respondents, 73% of respondents from Mixed ethnic backgrounds, and 64% of White respondents acknowledged racism as an issue within the medical profession. Furthermore, 76% of the doctors surveyed reported experiencing racism at least once in the past two years, with 17% encountering such incidents regularly. Despite the prevalence of racism, there was a notable reluctance to report these incidents, with 71% of affected doctors choosing not to raise concerns due to a lack of confidence that their complaints would be addressed or out of fear of being labelled as "troublemakers."

5 BMA (2022) [Delivering Racial Equality in Medicine](#).

Complaint Resolution

The complaint resolution process reveals inequalities for ethnic minority doctors in Scotland. BMA Scotland's survey showed that among those who filed grievances, 41 percent were ethnic minorities compared to only 20 percent of white doctors. Despite being more likely to raise complaints, ethnic minorities were far less satisfied with the outcomes.

79% of ethnic minority doctors reported dissatisfaction with their complaint resolutions, compared to 63% of white doctors. Among ethnic minority respondents, 33 % found the process unsatisfactory compared to just 12% of white respondents. Key issues included complaints being ignored or left incomplete, cited by 16% of ethnic minority doctors versus 8% of white doctors. Additionally, 17% of ethnic minority respondents felt that, while the process was followed, the outcome was ineffective or meaningless. Only 4% of white respondents shared this view.

The disparity between groups is striking. While white respondents experienced a 5% gap in satisfaction with complaint outcomes, this gap climbed to 24% for ethnic minorities. Furthermore, 74% of ethnic minority respondents did not raise complaints at all, compared to 90% of white respondents. This highlights a troubling lack of trust in the complaint process and potentially limited access to effective workplace support systems.

Experiences of Workplace Complaints

Most doctors – 76% – reported they have not faced complaints in their current roles, showing a slight improvement for non-white doctors since 2021, with figures rising from 72% to 76%.

However, the data reveals patterns in the origins of complaints that may warrant closer examination. Patients remain the primary source of complaints across all groups, representing 16% of cases. The rate of complaints from colleagues or non-medical staff is higher among non-white doctors. For all non-white respondents, complaints from colleagues decreased from 7% to 2%, while complaints from non-medical staff doubled, rising from 2% in 2021 to 4% in 2024.

While this may reflect greater openness in raising concerns, it also highlights potential challenges around workplace culture and collegial relationships.

Experiences of workplace complaints

Key trends

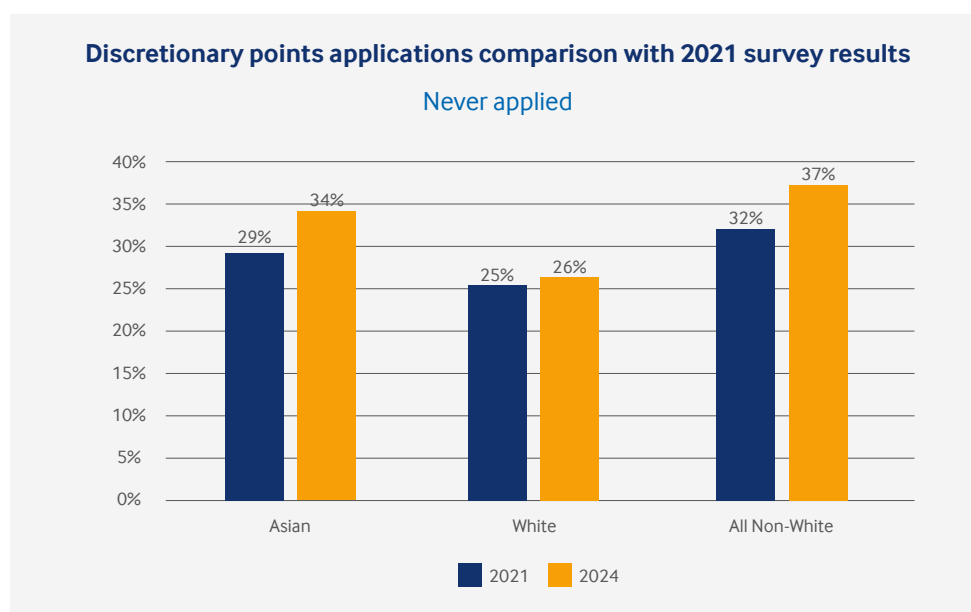
- **White respondents:** Stable rates with 18% patient-driven complaints.
- **All non-White respondents:**
 - Improvement in not receiving complaints overall.
 - Increased complaints from other staff (all non-white: 2% to 4%; Asian 2% to 4%).
- **Implication:**
 - Potentially indicates ongoing challenges in non-clinical relationships for all non-white doctors.
 - Need for targeted support in managing patient expectations and improving staff relationships.

Discretionary Points

Discretionary points are part of NHS Scotland's remuneration system, designed to reward doctors who demonstrate exceptional contributions beyond their core responsibilities. These points recognise excellence and provide a financial incentive, making them an important part of career progression and professional satisfaction.

The 2024 SREF survey highlights that there is an increasing hesitancy among eligible non-white doctors to apply for discretionary points. For Asian respondents, the percentage who never applied rose from 29% in 2021 to 34% in 2024, while for all non-white groups, this figure increased from 32% to 37%. The survey was conducted prior to the agreed 12% increase in the value of discretionary points. This change may have an influence application rates in the future, potentially addressing some of the hesitancy observed.

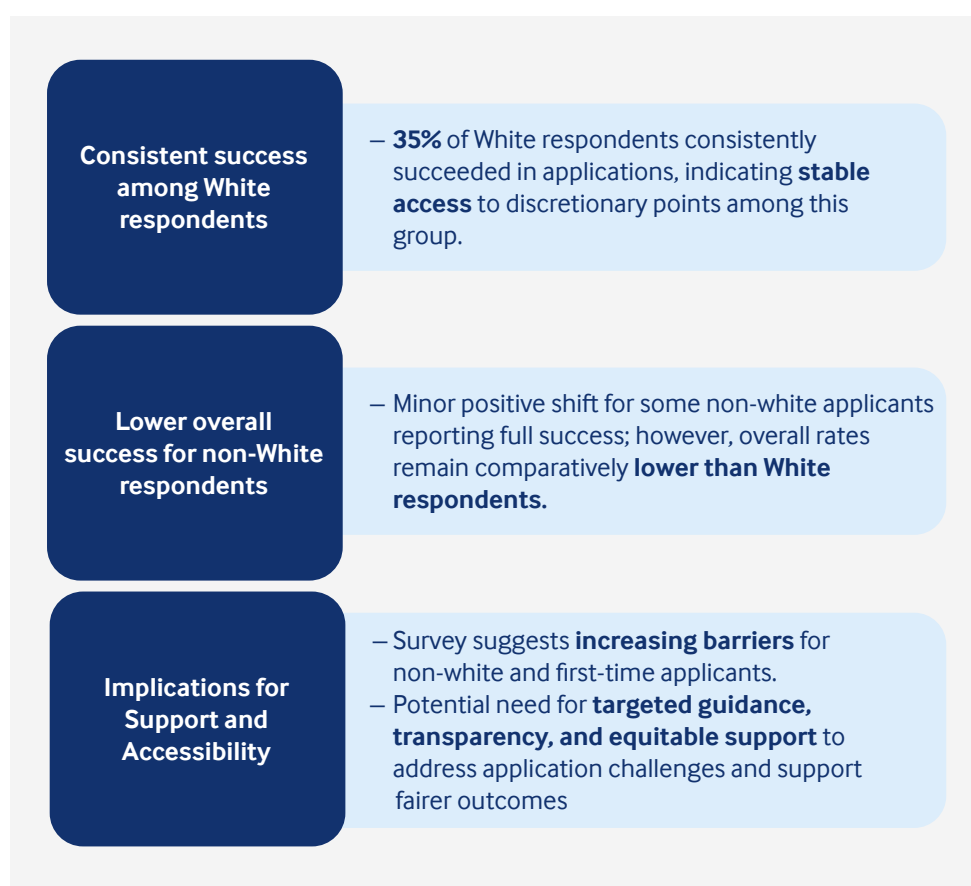
This suggests potential barriers, including doubts about motivation, confidence in the process, or perceptions of fairness in how discretionary points are awarded. If this trend continues, it could perpetuate inequalities in recognition and advancement across Scotland's medical workforce.



Discretionary Points: Barriers

Non-white doctors face greater challenges when applying for discretionary points, with first-time application success rates dropping substantially. Asian respondents have seen a rise in unsuccessful first-time applications – from 1% in 2021 to 7% in 2024. Similarly, all non-white groups experienced an increase from 2% to 8% in unsuccessful applications.

In contrast, white respondents maintain consistent success, with 35% reporting that they consistently succeed in their applications, suggesting more stable access to these valuable points for this group. Despite a minor positive shift for some non-white applicants, their success rates overall remain lower than those of white colleagues. This disparity suggests growing barriers, including potential issues with application clarity, fairness, and support, that could contribute to unequal opportunities for recognition and career progression among non-white doctors.



Awareness of Ethnic Minority Networks

A concerning 46% of respondents reported being unaware of the presence of an ethnic minority network or forum within their organisation. While 40% were aware of such a network, 14% even indicated that no ethnic minority network existed at all. This highlights a significant knowledge gap regarding the availability of these crucial support structures, which are vital for fostering inclusivity and addressing the unique challenges faced by ethnic minority doctors.

Priorities for the Scottish Race Equality Forum

Survey respondents were asked to rank their priorities moving forward. Using the scale provided, they indicated how important each of the following areas is for the BMA Scotland Race Equality Forum to address in the next 1-3 years.

The identified priorities were:

1. Working with medical schools to include specific teaching elements on diverse treatments for different racial groups.
2. Developing local sessions for staff on race equality, unconscious bias, and active bystander interventions.
3. Working with employers on postgraduate education in soft skills and awareness of race and diversity issues.
4. Developing local policies and procedures to consider race issues on induction.
5. Developing local policies and procedures to consider race issues.

These priorities reflect the respondents' recognition of systemic issues that require sustained, multi-level action. They highlight a strong demand for both structural and cultural change, emphasising the need to integrate race equality into education, workplace policies, and day-to-day practices. The focus on education – from medical schools to postgraduate development – shows there needs to be a continued commitment to building long-term, inclusive competencies across career stages. Equally, the emphasis on staff training and local policy development shows an understanding that real progress depends on tackling racism in both practical and cultural contexts, embedding fairness into the core of healthcare systems. This underscores the urgency and necessity of equipping institutions and individuals to challenge inequality and promote a more inclusive profession.

Conclusion

The findings of the 2024 SREF survey reflect the ongoing challenges faced by Scotland's medical community regarding racial inequality and the urgency of addressing this. While engagement with the survey has grown, the results highlight persistent and, in some cases, worsening disparities across several areas. Key trends reveal a widening gap in first-time job application success rates between white and non-white doctors, particularly affecting Asian doctors. Similarly, induction experiences continue to be less than adequate for many ethnic minority doctors, despite efforts to address these disparities since 2021.

Racism remains a significant issue within the workplace, with a notable underreporting of incidents, particularly among ethnic minority staff. This underreporting contributes to a culture where systemic racism remains unchallenged, leading to potentially negative impacts on individual well-being, job satisfaction, career progression, and retention. Moreover, the poor outcomes in complaint resolution, particularly for ethnic minority doctors, may indicate a lack of trust in the system and dissatisfaction with the resolution process.

Other key concerns include barriers to accessing discretionary points for non-white doctors and a lack of awareness of ethnic minority support networks. The survey's results underscore the need for more inclusive policies and procedures, more effective support systems, and greater focus on education at all levels of medical training.

The 2024 survey results confirm that racial inequalities remain entrenched within Scotland's healthcare system. While some progress has been made, substantial and sustained efforts are still required to create an inclusive and supportive environment where all doctors can thrive. The road ahead involves continued advocacy, policy reform, and practical steps to ensure racial equality is woven into every layer of the healthcare system.

Priority Areas for BMA SREF to Address

To foster a more inclusive and equitable NHS Scotland, the BMA SREF must focus on several key areas that directly impact the experience of ethnic minority doctors.

Firstly, **improving data collection and analysis on race and ethnicity** within the workforce is crucial. A more accurate representation will allow for targeted interventions and better resource allocation.

Secondly, **developing and implementing local policies** to ensure that race issues are considered at every stage of induction will create safer and more welcoming environments for new ethnic minority staff. Similarly, **embedding race awareness into broader policies and procedures** ensures these considerations are integrated into everyday practices across the NHS.

Finally, there is a need to **collaborate with medical schools** to introduce specific teaching on diverse treatments for different racial groups, enhancing the cultural competency of the next generation of medical professionals.

By addressing these priority areas, we can move closer to a healthcare system that truly respects and reflects diversity.

BMA

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